

## 2008 HINGHAM RECREATION SUMMER PLAYGROUND & PRESCHOOL REGISTRATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Hingham, MA 02043

Sex: Male ☐ Female ☐ Date of Birth: \_\_\_\_\_ Age on 6/23/08: \_\_\_\_\_ Grade (08-09): \_\_\_\_\_

T-shirt Size – Please Circle: YS YM YL AS AM AL \*The fee for Session 1 has been pro-rated for the July 4<sup>th</sup> holiday

Please insert preference beside session – “1” for 1<sup>st</sup> preference / “2” for 2<sup>nd</sup> / “3” for 3<sup>rd</sup> / “4” for 4

### **PLAYGROUND: Children must be 6 years old by June 23, 2008 or completed Kindergarten**

Session 1\* (6/23 – 7/4) \_\_\_\_\_

Session 3 (7/21 – 8/1) \_\_\_\_\_

Session 2 (7/7 – 7/18) \_\_\_\_\_

Session 4 (8/4 – 8/15) \_\_\_\_\_

CAP 3-5PM Yes ☐ No ☐

Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

### **IF INTERESTED IN 1 OR MORE ADDITIONAL PLAYGROUND SESSIONS PLEASE MARK YOUR PREFERENCE**

#### **PAYMENT IS REQUIRED FOR ALL ADDITIONAL SESSIONS WITH APPLICATION**

1<sup>st</sup> Additional Session: Session 1\* (6/23 – 7/4) \_\_\_\_\_ Session 3 (7/21 – 8/1) \_\_\_\_\_

Session 2 (7/7 – 7/18) \_\_\_\_\_ Session 4 (8/4 – 8/15) \_\_\_\_\_

CAP 3-5PM Yes ☐ No ☐ Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

2<sup>nd</sup> Additional Session: Session 1\* (6/23 – 7/4) \_\_\_\_\_ Session 3 (7/21 – 8/1) \_\_\_\_\_

Session 2 (7/7 – 7/18) \_\_\_\_\_ Session 4 (8/4 – 8/15) \_\_\_\_\_

CAP 3-5PM Yes ☐ No ☐ Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

3<sup>rd</sup> Additional Session: Session 1\* (6/23 – 7/4) \_\_\_\_\_ Session 3 (7/21 – 8/1) \_\_\_\_\_

Session 2 (7/7 – 7/18) \_\_\_\_\_ Session 4 (8/4 – 8/15) \_\_\_\_\_

CAP 3-5PM Yes ☐ No ☐ Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

### **PRESCHOOL: Children must be 4 years of age by June 23, 2008**

MORNING 8:45 AM–11:45 AM: Session 1\* (6/23 – 7/4) \_\_\_\_\_ Session 2 (7/7 – 7/18) \_\_\_\_\_ Session 3 (7/21 – 8/1) \_\_\_\_\_

FULL DAY 8:45 AM–2:45 PM: Session 1\* (6/23 – 7/4) \_\_\_\_\_ Session 2 (7/7 – 7/18) \_\_\_\_\_ Session 3 (7/21 – 8/1) \_\_\_\_\_

Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

### **IF INTERESTED IN 1 OR MORE ADDITIONAL PRESCHOOL SESSIONS PLEASE MARK YOUR PREFERENCE**

1<sup>st</sup> Additional Session Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

MORNING 8:45 AM–11:45 AM: Session 1\* (6/23 – 7/4) \_\_\_\_\_ Session 2 (7/7 – 7/18) \_\_\_\_\_ Session 3 (7/21 – 8/1) \_\_\_\_\_

FULL DAY 8:45 AM–2:45 PM: Session 1\* (6/23 – 7/4) \_\_\_\_\_ Session 2 (7/7 – 7/18) \_\_\_\_\_ Session 3 (7/21 – 8/1) \_\_\_\_\_

2<sup>nd</sup> Additional Session Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

MORNING 8:45 AM–11:45 AM: Session 1\* (6/23 – 7/4) \_\_\_\_\_ Session 2 (7/7 – 7/18) \_\_\_\_\_ Session 3 (7/21 – 8/1) \_\_\_\_\_

FULL DAY 8:45 AM–2:45 PM: Session 1\* (6/23 – 7/4) \_\_\_\_\_ Session 2 (7/7 – 7/18) \_\_\_\_\_ Session 3 (7/21 – 8/1) \_\_\_\_\_

**ADDITIONAL INFORMATION IS REQUIRED ON THE OTHER SIDE OF THIS REGISTRATION FORM**

## PARENT INFORMATION – PLEASE COMPLETE IN FULL

Mother: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Business Name & Address: \_\_\_\_\_

Father: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Business Name & Address: \_\_\_\_\_

Guardian is: Mother ☐ Father ☐ Other ☐ (Please notify us in writing of special custody situations)

Child may be released to either parent: Yes ☐ No ☐ \*\* (\*\*Legal document must be on file in office)

### **EMERGENCY CONTACTS (MUST BE COMPLETED & CANNOT BE THE SAME INFORMATION PROVIDED ABOVE)**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

MEDICAL CONDITIONS/ALLERGIES: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

<b>PLAYGROUND:</b>	Monday – Friday	9AM – 3PM	\$205 per session
	CAP	3PM – 5PM	\$80 per session
<i>Session 1 prorated fees</i>	<i>Playground \$184.50</i>	<i>CAP \$72</i>	
<b>PRESCHOOL MORNING:</b>	Monday – Friday	8:45 AM – 11:45 AM	\$140 per session
<b>LUNCH BUNCH:</b>	Monday – Friday	8:45 AM – 2:45 PM	\$220 per session
<i>Session 1 prorated fees</i>	<i>Morning \$126</i>	<i>Lunch Bunch \$198</i>	

### **Consent, release from liability and indemnity agreement**

I or I/We \_\_\_\_\_, the participant or the parent(s) / guardian(s) of the minor \_\_\_\_\_ participant (the “registrant”), give permission for the registrant to participate in programs sponsored by the Town of Hingham Recreation Department. I/We understand that the Hingham Recreation Department will provide supervision for the safety and well being of the registrant and I/We agree that the registrant will abide by the rules of the Hingham Recreation Department and the Town of Hingham and follow the instructions of all supervisory staff, including sponsors, employees, volunteers and other personnel.

I/We recognize the risk of injury or accident related to the activity. I/We also acknowledge that the registrant may not participate in the activity unless I/We waive claims, which I/We may have arising from the registrant’s participation in the activity. I/We agree to forever RELEASE the Town of Hingham, a municipal corporation of the Commonwealth of Massachusetts, and all their employees, officers, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs of the Town of Hingham (“the Releasees”) from any and all claims, actions, rights of action and causes of action, damages, costs, loss of services, expenses, compensation and attorney’s fees that may have arisen in the past, or may arise in the future, directly or indirectly, from known and unknown personal injuries to myself, my child or property damage resulting from myself or my child’s participation in the Town of Hingham’s voluntary athletic or recreation programs which I/We may now or hereafter have as the participant or parent/guardian of said minor child and which said minor child has or hereafter may acquire, either before or after reaching majority.

I/We also promise to INDEMNIFY, REIMBURSE, DEFEND, and HOLD HARMLESS the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, including damages, costs and attorney’s fees, arising from personal injuries to myself or my child or property damage resulting from myself or my child’s participation in the Town of Hingham’s voluntary athletic or recreation program(s).

I/We further affirm that I/We have read this Consent, Release from liability and indemnity agreement, and that I/We understand the contents of this agreement. I/We understand that my and/or my child’s participation in these programs is voluntary and that my child and I/We are free to choose not to participate in said programs. By signing this Agreement, I/We affirm that I/We have decided to participate and/or allow my child to participate in the Town of Hingham athletic or recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injury and property damage myself and/or my child may suffer in voluntary Town of Hingham Recreation Department athletic or recreation programs. Permission is granted for use of photographs taken in promotional material, which may include but is not limited to flyers, notices, web site and bulletin boards. Permission is granted for all activities and field trips.

Signed: \_\_\_\_\_  
Parent(s) / Guardian(s) of Participant

\_\_\_\_\_  
Date